

PSYCHIATRIC ECOLOGY

JOOST A. M. MEERLOO, M.D.¹

If at the present time an observer were to eavesdrop in several typical psychiatric consultation rooms, he would obtain the strange impression that the science of psychiatry had entered a new stage. He would probably call this period the age of tranquilizers, with a renewed overemphasis on the biochemical and hereditary basis of psychiatric disease. It seems useful not merely to criticize these theoreticians for their "nothing but" causal determinants, but also to ask that more attention be paid to changes within the family and the social structure, since it is clearly these changes that so often lead to the many aches and pains of the modern neurotic patient.

In daily psychiatric practice we are becoming increasingly aware of the various environmental psychologic factors combining to establish the total of the patient's pathologic picture. Especially those therapists who take part in child-guidance, marriage-counseling and working with the aged are very conscious of the growing need for milieu-therapy.

Once I refused to renew a prescription for tranquilizers in the case of a 15-year-old stutterer, brought in after having undergone months of treatment by chemical means, combined with elaborate speech therapy. The first interview brought out the fact that the boy never stuttered at school but only at home, and that a tragic love affair of the mother—conducted under the boy's eyes—was what lay at the root of his speech impediment. His stuttering prevented him, as it were, from betraying it to his father. Yet the mother refused therapy for herself and since then has been going from doctor to

doctor in the attempt to prove that not she but her son is the weak and guilty one.

Ecology is the science of interaction and mutual relations between living units and their organic and inorganic environment. It is an old science. Hippocrates wrote his classical ecological study, "On Airs, Waters and Places," emphasizing man's psychological and physical change when in a different environment. In our time Harold Wolff and his co-workers have founded the "Society for the Investigation of Human Ecology" after the shocking experiment with brain-washed soldiers.

Everywhere in nature we find a continual expansion of organisms against an intrusion from outside forces. In health usually a rather stable equilibrium exists between inner expansive and outer coercive forces. However, when this equilibrium suddenly gets disturbed, it may lead to the death of one or more of the species, to enormous usury, or to overpopulation as seen so often in the world of plants and animals.

Our clinical difficulty is how to study the various ecologic changes with verifiable objectivity. Hendricks and West (4) constructed a controlled climate device, the *biotron*, for better study of plant ecology. In our science of psychology equivalent experiments with people would be ethically irresponsible, and accordingly we have to make use of less delineable natural *sociotrons*—the family unit, the classroom, the isolated group, the culture—to observe the various changes. Eaton and Weil (1) have been able to do this for some closely-knit religious sects in their classical study, *Culture and Mental Disorder*. Bowlby and Spitz have also become pioneers of this form of ecological study.

Especially important for practical therapists is the fact that one does not have to

¹ 300 Central Park West, New York City. This paper was presented at the Annual Meeting of the American Psychiatric Association, Philadelphia, April, 1959.

retreat into a laboratory, there observing the reduced facts of an artificial experiment, in order to get useful scientific answers and insights. Everyday practice with its variation of cultural and social influences can be a fruitful experimental field and laboratory.

The concept of ecologic equilibrium—or social homeostasis—is of great importance to clinical psychiatry. Therapy is in itself an ecologic process, an interaction between two different personalities. Man's mind is in continual anticipation of and exchange with physical threats and coercive persuasions from outside. Man needs a constant sensory verification of reality lest stimuli from within become too powerful and disturb his mind. We are all acquainted with the clinical experiments that show how sensory deprivation or lonely isolation can provoke abnormal thinking and behavior. An equivalent isolation can occur inside the family group.

Homo sapiens is in continual interaction with his fellow beings, with animals, plants, and the inorganic world. Changes in an acquired equilibrium, changes in the biological setting, changes in associates, new encounters, moving to a different community—all these factors may change man's psychosomatic functions. A new adjustment has to be found. During the war there were people who, after arriving in a concentration camp, broke down immediately; there were others—especially compulsive neurotics—who used this opportunity to start an old infantile battle with a dominant parental image all over again, and who actually managed to overcome their compulsive defiance, because this time the enemy was real. Yet, it would be dangerous to make a clinical generalization here. The challenge of hunger and deprivation can, paradoxically, stimulate fantasy or creation, while a stable society often may lead to a paralyzing accumulation of repressed hostility. But the destructive action of famine and terror is usually more traumatizing.

Man's equilibrium between self-assertion

and pathological dominance from outside is constantly susceptible to change. Man's vulnerability and tolerance capacity depend on ego strength and personality which in themselves are related to heredity and innate vital forces and strength borrowed or acquired from the family and the community. Here we touch upon the intricate problem of man's morale and his tolerance of danger. For some people homesickness is a challenge, for others it may become the beginning of a psychosis.

Because psychologic problems of migration, cultural pressure and social prejudices are related to these shifts in equilibrium, the psychotherapist needs a basic knowledge of cultural, ethnic and social influences on man. In cases of mental contagion, for instance, and the so-called psychoses *à deux*, we find not only that a pathologic personality invades his partner's mental equilibrium, but that this phenomenon happens as a rule in an environment so isolated that verification with a wider reality proves nearly impossible.

Another peculiar acute fright and danger reaction I have observed has not been studied sufficiently from an ecologic point of view. I feel it has tremendous implications. I refer to the passive cluster reaction in panic, combined with camouflage, which is often observed in animals. The first time I witnessed this reaction was after an acute panic in a London shelter during World War II. Within a matter of minutes several people died a cataleptic death. The same passive defense is repeatedly found after flash fires in factories and schools. Escape routes from the danger zones are often not used, because of a collective fright paralysis which may have been spread by one contagious hysterical nucleus.

In order to study the subject of psychiatric ecology more accurately, a better understanding of the multitude of persuasions and group interactions to which man is susceptible, is needed. A first condition is that one select his object of study, the *sociotron*,

as carefully as possible and that one has a good knowledge and understanding of communication as well as of mental contagion.

The variety of clinical points I have selected for this paper is chosen to demonstrate the favorable therapeutic impact a change of ecological circumstances can have, and how important it is to look at everyday clinical practice as an involuntary experiment conducted by various ecological forces.

THE ABSENT FATHER

A boy of 12 came into treatment because of transvestitism. He had difficulties in school because of his girlish behavior, but it was his apparent transvestitism that prompted the mother to bring him in for treatment. He was the son of a working mother, his father having died shortly after the child's birth. From the moment treatment began, the boy dropped his neurotic behavior in a strong transference towards the first man with whom he ever made an intense contact. For her own neurotic reasons the mother had kept the boy quite secluded and out of touch with other people.

Important for the subject under consideration is that in the life of this young patient the therapist fulfilled the role of the lacking father. I followed his progress for many years and he developed quite adequately.

In a sense the father's function within the family is that of cutting the cord. He is the first transference figure; he cuts in on the symbiotic relation of child and mother. When the father is lacking or weak, or the mother relatively too dominant, the infantile identification with the mother remains unresolved. Every adequate father substitute may help to correct the tendency to latent or to more overt homosexuality.

During the past few years I have repeatedly found that in the therapy of school phobia we could obtain success by persuading a passive father to assume a more active role in the family.

INTRUSION BY TECHNOLOGY AND AUTOMATION

Interfamilial relations can be greatly disrupted through the intrusion of a technical-mechanical medium of communication within the home. In families where both parents are glued to the television screen and the children gather in another room to view their own programs, no family communion is established. We find instead a peculiar communicative apathy developing, and because of this the children come to prefer passive watching and listening to the active dialectic struggle with written and printed communication. This I feel is one of the contributing causes of the so-called "reading block" from which one-fourth of New York grade school children seem to suffer, according to a recent report. (Elsewhere I plan to report more extensively on this problem.)

It is important to urge parents to become more active, playful and communicative with their children, and it is especially effective to urge the father to engage with his children in competitive games, especially games that involve a high order of communication, *e.g.* Scrabble or similar letter games. In several cases communicative disruption and reading blocks were corrected by such means.

Besides distorting family relations, the modern mass-media of communication can act injuriously on the sensitive individual mind. For the benefit of children, authorities will have to find means of selecting what to hear, what to see, and what to read without interfering with the democratic freedom of mature people. For the immature mind freedom is an ambiguous pleasure. The freedom for the one to shout simultaneously holds the compulsion for the other to listen. What Wertham calls "the seduction of the innocent" is a reality in our modern world flooded with communicative gadgets, and is not only true for children but also for more adult but equally uncritical minds. This is a subject worth intense ecological and psychological study. The panic created

several years ago by Orson Welles' radio program that depicted an invasion from Mars is still recalled as a vivid experience by many people.

SEPARATION FROM THE AMBIVALENT MOTHER

Once a mother came to me with her baby of three months. She was desperate because the child refused to take food from her but would take it from any one else. Years previously I had treated the mother for a schizophrenic episode, and accordingly knew her hidden hostilities toward her husband and all those who wanted to depend on her. What no one else was aware of her child unconsciously felt, and consequently refused to accept food from the hostile mother, however much she wooed and coaxed the baby. In this case I was able to urge the father to keep mother and child separated for the welfare of both. Schizophrenic withdrawal as a reaction to an ambivalent mother is all too well known. Now, four years later, there exists a working relation between mother and child though the mother does not yet trust her own influence on the child. The child—an apparently healthy youngster—remains with relatives.

I would like to call special attention to this type of case because it is often so difficult to separate the ambivalent symbiotic mother from the child who unobtrusively feels compelled to repeat the attitude toward life that is displayed by the mother. In these families the influence of social worker or therapist can change the ecology, especially when the mother can be influenced successfully to undertake therapy, or, in the case of resistance to therapy, when the child is removed from the pathogenic realm.

THE TERRORIZED COLLABORATOR

During World War II it was my duty to prepare a most difficult military report about a 20-year-old Dutch boy accused of treason and in danger of being condemned to capital punishment. He had escaped from

Nazi-occupied territory to the Free Dutch Forces in England. He had given as his motive his fervent patriotism. He had not informed the authorities that he had been a Nazi-admirer before the war and had joined the collaborators after the occupation of his country. As the facts of his former political associations gradually became better known to the military inquirers, he grew more and more suspect. A nervous breakdown brought him into my hands and gradually gave me the opportunity to distinguish fantasy from facts. The boy had really made his escape from occupied territory not to act as a spy or a traitor but in most part to get away from the increasing pressure of the Nazis with whom he had once sympathized. The son of a weak father, he had playfully taken a liking to the stronger dictatorial figures. But the invasion of his homeland and the cruelties committed by the occupying forces restored him to his former loyalties. However, the Nazis were so well organized that anybody who had once been with them was treated as a traitor once he left the ranks.

Thus the boy was in a dangerously equivocal position; he was in effect a traitor to his fatherland and a traitor to the Nazis as well. Through a perilous escape he tried to get away from his dilemma. But now his initial lies about himself—because he wanted so much to be accepted—brought him again under an even more dangerous suspicion.

I was able to convince the authorities that this boy was a harmless, forlorn youngster. The only way this boy had been able to stop his collaboration with the enemy was to escape to England. Later on he loyally served in the army of liberation.

I present this example especially to show how normal terror can influence, even though temporarily, man's opinions and loyalties and that in order to judge the case objectively understanding of the total social situation is needed.

THE BATTLE AGAINST OLD-AGE ISOLATION

As another example of ecological therapy I want to call attention briefly to what the battle against social isolation can do for the mental health of elderly people. Their isolation usually has normal sociological causes, the marriage of children and the death of spouses and relatives. Secondly, however, insecurity and suspicion often increase because of organic processes and the reaction formation against growing old. Mourning and true depression is often found in the aged. The psychodynamics leading to senile depression and senile paranoia are too elaborate to be developed here. The inevitable result, however, is increased isolation and decrease of mental functioning. Many of these patients eventually die in squalor and exhaustion in the midst of plenty.

We have found, however, at a project dedicated to this form of sociotherapy, that this kind of situation can be remedied if the therapist or social worker is alert to alarm-signals, and does not give up contact with the patient even when for paranoid reasons the patient attempts to isolate himself. Social work among the aged has proven that many of the problems are much more ecological than neurological. I have repeatedly seen that with tact and a show of genuine interest the process of inner deterioration can be halted. Numbers of our elderly patients were given useful jobs to keep them in contact with reality.

INSTITUTIONS PRO AND CON

An eighteen-year-old girl, only daughter of parents in middle age, was brought to a mental institution after a suicidal attempt. There she was thought to be a kind, compliant and well-adjusted patient. After six months of treatment, and many relapses into depression, she was informed she could go home, and this she did. Soon she again began taking barbiturates and this culminated in another suicidal attempt. When I

saw her the girl was out of her coma. I proposed psychotherapy before sending her back to an institution. From that moment there began a year-long struggle with her need to depend on her over-protective parents and her defiance of them. During therapy greater distance from her parents could be achieved only by letting her take a job against the advice of the parents. Therapy in her case was keyed to the underlying principle of giving her the utmost freedom and avoiding the restrictions the parents had imposed. Custody in the mental institution had merely fortified her dependency needs. She both hated and loved her infantile role at the institution and she had become more apathetic during that period.

One thinks of the risk of suicide in such a situation. In my experience a good transference relation is the best protection. This patient improved even more when she could gradually transfer this therapeutic tie to an understanding young man who protected her but also treated her with respect and reserve. Prolonged therapy followed by marriage made her completely independent of her parents' neurotic overprotectiveness.

I mention this example because institutionalization can, as far as the patient is concerned, prolong the automatic attitude of a cold environment and thus coincide with a psychotic reaction.

On the other hand, I have seen cases where institutionalization was indicated for the purpose of restoring ecological relations in the family. As an example, I remember an idiot boy of four absorbing so much guilt and attention from the parents that the two older girls were thrown into a neurotic sibling rivalry which finally could only be well handled by sending the boy to an institution.

SUMMARY

Attention is asked for a renewed study of psychiatric ecology. A change of social circumstances and contacts can often prevent

a pathological development. Such a study does not make intensive psychotherapy superfluous but directs the therapist's attention to disturbing factors in the environment which have equally to be dealt with. The study of the *sociotron* is of tremendous importance for mental hygiene. Examples are given from a wide range of clinical experience to emphasize the need for greater social psychological knowledge in clinical psychiatry.

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